



Loyola University Maryland
 Office of International Student Services
 4501 N. Charles Street, HU 141
 Baltimore, MD 21210
 P: 410-617-5245; E: oiss@loyola.edu

Request for New Form I-20

For F-2 Dependent Visa Status

DEPENDENT INFORMATION

Dependent Information for spouses and children who will accompany you in the U.S. (Please note that parents are not considered dependents and cannot be issued F-2 immigration documents, your dependents can only be a spouse and/or child). If approved, your dependent will receive a Form I-20 for F-2 visa status. For additional dependents, attach a separate piece of paper with the information below included for each additional dependent.

| | | | | | |
|---|---|---------------------------------|----------------------------------|--------------|--|
| Last/Family Name: | | First/Given Name: | | Middle Name: | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Relation to Primary Visa Holder: | | |
| Date of Birth: (mm/dd/yyyy) | City of Birth: | | Country of Birth: | | |
| Country of Citizenship: | | Country of Permanent Residence: | | | |
| Phone Number Associated with this Address: | | | | | |
| Current Visa Type: | | | | | |
| <input type="checkbox"/> I have attached a copy of the biographical page of the above dependent's passport along with this application. <input type="checkbox"/> I have attached a copy of my marriage certificate or child's birth certificate. <input type="checkbox"/> I have attached an original bank statement with proof of \$6,500 USD for each dependent. <input type="checkbox"/> I confirm that I will inform Loyola's Office of International Student Services of, and provide proof of, my dependent's U.S. based health insurance that is valid from the beginning of my studies through the duration of my studies at Loyola University Maryland. I will inform the Office of International Student Services if I would like to purchase the Health Insurance Plan for Loyola University Maryland for my dependent. This must be submitted prior to my Loyola Form I-20 being issued. | | | | | |
| <p>I affirm that the above and attached information provided is accurate and true to the best of my knowledge. I understand that submission of fraudulent information could result in denial of a visa application or may subject me to deportation once in the United States.</p> <p>Signature: _____</p> <p>Date (mm/dd/yyyy): _____</p> | | | | | |